

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE 190, HONOLULU, HI 96817

TEL (808) 768-9242 FAX (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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2-10-20

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2020 REGISTRATIONLobbyist Registration
(Type or Print Clearly)

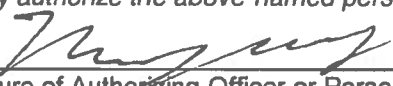
PART I LOBBYIST		
NAME (Last) (First) (Middle) Rooney, Kathleen, K.		
LOBBYIST FIRM/EMPLOYER (if applicable) Ulupono Initiative		TELEPHONE (808)544-8960
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1202		FAX n/a
		EMAIL krooney@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative		TELEPHONE 544-8960
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1202		FAX n/a
		EMAIL info@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div>		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div>		


PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

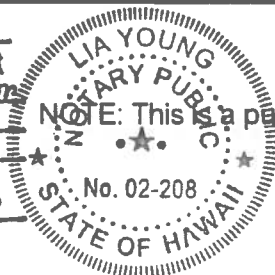
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input checked="" type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 1/30/2020 DATE	Subscribed and sworn to before me This <u>30th</u> day of <u>January</u> , <u>2020</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>May 12, 2022</u>

PART V AUTHORIZATION TO LOBBY		
NAME Murray Clay		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President
NAME OF ORGANIZATION (if applicable) Ulupono Initiative		TELEPHONE 544-8960
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1202		FAX
		EMAIL mclay@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented)		
		1/30/2020 (Date)

Doc. Date: 1/30/2020 # Pages: 2
 Lia Young
 Doc. Description: 2020 Registration
 Rev. 12/2019


 Notary Signature
 1/30/2020
 Date
 NOTARY CERTIFICATION



NOTE: This is a public document.